

TROXELL LAW OFFICE PLLC

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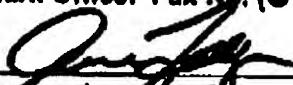
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I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office. Fax No. (571) 272-6500 on February 8, 2006.


 (signature)

Jane L. Falkgren

The Commissioner is hereby authorized to charge any fees which may be required for the filing of this document to Deposit Account No. 501874.

FACSIMILE COMMUNICATION

TO:	ATTENTION: USPTO REFUND	FROM:	Bruce H. Troxell
DATE:	February 6, 2006	PAGE:	1 of 4
RE:			
Applicant	:	TUNG	
Patent No.	:	6,887,099	
Issue Date	:	May 3, 2005	
Title	:	MULTI-LAYER CONNECTOR	
Examiner	:	Dinh	
Docket No.	:	3126-355	

XX
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 XXX

M E S S A G E:

Transmitted herewith is a REQUEST FOR REFUND; REVOCATION OF POWER OF ATTORNEY; and CHANGE OF ADDRESS FORM in the above-identified patent application.

IF TRANSMISSION IS NOT COMPLETE
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Printed on: 02/08/2006 10:54:59 AM (Eastern Standard Time)
 File number: 20060208105459
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Attorney Docket: 3126-355

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : TUNG
Patent No. : 6,887,089
Issue Date : May 3, 2005
Title : MULTI-LAYER CONNECTOR
Examiner : Dinh
Docket No. : 3126-355

MAIL STOP: REFUND
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**REQUEST FOR REFUND
OF PUBLICATION FEE**

Sir:

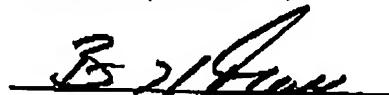
The Publication Fee of \$300 was previously paid in the above-noted U.S. Patent by Applicant. The issue date of the instant patent was more than one month prior to the projected publication date and, therefore, no Publication Fee is believed to have been due. (37 CFR 1.211(e)).

The undersigned requests a credit of \$300 to our Deposit Account No. 501874.

Respectfully submitted,

Date: February 6, 2006

By:


Bruce H. Troxell
Reg. No. 26,592

TROXELL LAW OFFICE PLLC
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Falls Church, Virginia 22041
Telephone: 703 575-2711
Telefax: 703 575-2707

Attorney Docket: 3126-355

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : TUNG
Patent No. : 6,887,099
Issue Date : May 3, 2005
Title : MULTI-LAYER CONNECTOR
Examiner : Dinh
Docket No. : 3126-355

MAIL STOP: REFUND
Honorable Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CHANGE OF ADDRESS

Sir:

Please forward all further correspondence in this application to BRUCE H. TROXELL at the following address:

TROXELL LAW OFFICE PLLC
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Respectfully submitted,

Date: February 6, 2006

By:

Bruce H. Troxell
Reg. No. 26,592

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Telephone: (703) 575-2711
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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF:

Serial No.: 10/724,698

Filing: 12/02/2003

U.S. Patent: 6,887,099

Granting: 05/03/2005

Inventor(s): Meng TUNG

Title: Multi-layer Connector

Senior Art Unit: 2839

Examiner: Dinh Phuong K.

Atty. Reference: 3126-355

Assignment to Assignee Shown Below Recorded at RRU/PRM/01

REVOCATION OF POWER OF ATTORNEY
AND APPOINTMENT OF NEW ATTORNEYTHE COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

Sir:

I (We), the Inventor(s) or owner(s) of the entire right, title and interest in and to the above application or patent, as shown below, hereby revoke all previous power of attorney I (we) have granted in the above-identified application or patent, and hereby appoint the following as my (our) new attorney, to receive all correspondence, prosecute this application, if applicable, and to otherwise transact all business in the Patent and Trademark Office connected with this application or patent:

Bruce H. Troxell, Reg. No. 26,592

I (We) as representative(s) of or as the ASSIGNEE executing this document below hereby declare that the assignment document(s) or other papers evidencing ASSIGNEE's ownership of this patent or application have been reviewed, and I (we) hereby certify that, in the best of my (our) and the ASSIGNEE's knowledge and belief, title to the patent or application is in the ASSIGNEE named below.

Please send all further correspondence concerning this application or patent to:

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Falls Church, VA 22041

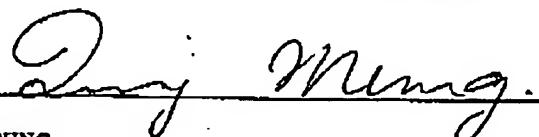
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Date:

Inventor Signature:

July 19, 2005

Printed Name:

Meng TUNG

Date:

Inventor Signature:

Printed Name:

Date:

Assignee of Record:

Signature:

Printed Name and Title: